

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)						SEARCH NO. 00182884	FILED DATE
6401 177-07 CLAIMS						APPLICANT	
AS FILED		AFTER SEARCH/REVIEW		AFTER AMENDMENT			
NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.	NO.	O.C.P.
1		1				61	
2						62	
3						63	
4						64	
5						65	
6						66	
7						67	
8						68	
9						69	
10						70	
11						71	
12						72	
13						73	
14						74	
15						75	
16						76	
17						77	
18						78	
19						79	
20						80	
21						81	
22						82	
23						83	
24						84	
25						85	
26	1	1				86	
27			1			87	
28						88	
29		1				89	
30						90	
31						91	
32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
41						TOTAL NO.	
42						TOTAL O.C.P.	
43						TOTAL O.P.T.	
44						TOTAL O.P.T.	
45							
46							
47							
48							
49							
50							
TOTAL NO.	21	1					
TOTAL O.C.P.	21	3					
TOTAL O.P.T.	23	4					